# **20/583035** iAP20 Rec'd PCT/PTO 15 JUN 2006

#### Application Data Sheet

Application Information

Application Type:: National Stage

Subject Matter:: Utility

Suggested Classification::
Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No Number of copies of CRF:: 0

Title:: CATHETER DEVICE

Attorney Docket Number:: 1505-1041-1

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 1

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: JAN

Middle Name::

Family Name:: SKANSEN

Name Suffix::

City of Residence:: INGARO

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing BOX 8

Address::

City of Mailing Address:: INGARO State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-134 06

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: HANS

Middle Name::

Family Name:: ULFENDAHL

Name Suffix::

City of Residence:: UPPSALA

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing ROSENVAGEN 37 B

Address::

City of Mailing Address:: UPPSALA

State or Province of Mailing Address:: Country of Mailing Address::

Postal or Zip Code of Mailing Address:: SE-756 52

# Correspondence Information

Correspondence Customer 00466

Number::

# Representative Information

Representative Customer	00466	
Number::		

#### Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/SE2004/001287	9/8/04
	An application	60/529,763	12/17/03
	claiming the		
	benefit under		
	35 USC 119(e)		

# Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
SWEDEN	0303387-5	12/17/03	Yes

#### Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::
Postal or Zip Code of Mailing Address::